

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

55
=62-026517

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

87

Primary Registration District No.

4565

Registrar's No.

4565

FILED AUG 15 1962

VS 300
Rev. 4/59

10280

20280

3

4 1

5 3

6

7 0

8 2

9581.1

10

11

12 1-0

13 4-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

CRAWFORD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SULLIVANLength of stay in lb
3 HRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION SULLIVAN COMM. HOSP.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CRAWFORD

c. CITY
OR TOWN SULLIVANInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 725 DUNNEGAN

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HELEN GOULD DEES

4. DATE
OF DEATH

Month

Day

Year

AUG. 11 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

MAY 5, 1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

VARIOUS

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JACOB SCHNEIDER

13b. MOTHER'S MAIDEN NAME

ALDA CORBITT

14. NAME OF HUSBAND OR WIFE

DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

2 W. J. KNIEST, BALLWIN, MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH
secondsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hepatic coma

10 days

DUE TO (c)

Alcoholic Cirrhosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Refused? suspected Partial Bowel Obstruction

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9 Aug 62 to 11 Aug 62 and last saw her alive on 11 Aug 62
Death occurred at 5:00 pm m on the date listed above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gordon W. Griffl MD

22b. ADDRESS

Bourbon MO

22c. DATE SIGNED

13 Aug 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

BELLE FONTAINE CEM

23d. LOCATION (City, town, or county)

ST. LOUIS

23e. STATE

MO.

24. FUNERAL DIRECTOR

ALBERT H. HOPPE, INC.

ADDRESS

ST. LOUIS

25. DATE RECD. BY LOCAL REG.

August 13, 1962

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harrison M. Eaton

Licensed Embalmer No.

4192

P. O. Address

Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.